



Pharmacy Prior Authorization Multiple Sclerosis – Clinical Guideline

Copaxone (glatiramer acetate)	Zeposia (ozanimod)	Ocrevus (ocrelizumab)
Rebif/Rebidose (interferon beta-1a)	Extavia (interferon beta-1b)	Mitoxantrone
Avonex (interferon beta-1a)	Aubagio (teriflunomide)	Tecfidera (dimethyl fumarate)
Betaseron (interferon beta-1b)	Plegridy (peginterferon beta-1a)	Lemtrada (alemtuzumab)
Gilenya (fingolimod)	Mavenclad (cladribine)	Tysabri (natalizumab)
Glatopa (glatiramer acetate)	Mayzent (siponimod)	Vumerity (diroximel fumarate)
Glatiramer acetate	Kesimpta (Ofatumumab)	Bafiertam (monomethyl fumarate)

Preferred Products: Copaxone 20mg, Glatopa 40mg, Rebif, Avonex, Betaseron, Gilenya

Non-Preferred Products: Require documentation to support trial and failure or contraindication to two preferred agents, where indicated.

General Authorization Criteria for all Agents:

- Member is 18 years of age or older for all agents except Gilenya (10 years of age or older)
- Medication is prescribed by a Neurologist
- Other disease modifying multiple sclerosis therapies (not including Ampyra) will be, or have been discontinued

Additional Criteria for Specific Medications:

INJECTABLE AGENTS

- **Copaxone (20mg), Glatopa, Rebif/Rebidose, Avonex, Extavia:**
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced first clinical episode, and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Extavia: There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- **Betaseron:**
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
- **Kesimpta:**
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Baseline (within 3 months) MRI scan is obtained prior to starting treatment course due to risk of progressive multifocal leukoencephalopathy (PML)
 - Member has been screened for Hepatitis B and does not have an active Hepatitis B infection
 - Females of reproductive potential are not pregnant prior to start of therapy, and will be using effective contraception during treatment
 - Members Immunoglobulins level have been reviewed and will be monitored during treatment



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- There was inadequate response, intolerable side effects, or contraindication to two (2) formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Plegridy:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis) or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg

ORAL AGENTS

- Aubagio:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Females of reproductive potential are not pregnant prior to start of therapy, and will be using effective contraception during treatment
 - All the following labs have been completed within the last six (6) months
 - Complete Blood Count
 - Liver Function Tests and bilirubin levels
 - Tuberculin skin test
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Bafiertam:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Baseline (within 3 months) MRI scan is obtained prior to starting treatment course due to risk of progressive multifocal leukoencephalopathy (PML)
 - Member has history of either varicella vaccine series, or zoster vaccine series if member is 50 years of age or older
 - All the following labs have been completed within the last six (6) months
 - Complete Blood Count and lymphocyte count
 - Liver Function Tests and bilirubin levels
 - There was inadequate response, intolerable side effects, or contraindication to two (2) formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Gilenya:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - All the following labs have been completed within the last six (6) months
 - Complete Blood Count
 - Liver Function Tests and bilirubin levels



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- Electrocardiogram evaluation performed
- Ophthalmic examination
- Member has history of either varicella vaccine series, or zoster vaccine series if member is 50 years of age or older
- There is no history of any of the following:
 - Myocardial Infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or class III/IV heart failure within the past six (6) months
 - Corrected QT (QTc) greater than or equal to 500 msec
 - History of Mobitz type II (2nd or 3rd degree atrioventricular block), or sick sinus syndrome, unless member has a pacemaker
 - Treatment with Class Ia or Class III anti-arrhythmic drugs
- Mayzent:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Member has been tested for CYP2C9 variants to determine CYP2C9 genotype, and is not positive for CYP2C9*3/*3
 - All the following labs have been completed within the last six (6) months
 - Complete Blood Count
 - Liver Function Tests and bilirubin levels
 - Electrocardiogram evaluation performed
 - Ophthalmic examination
 - Member has history of either varicella vaccine series, or zoster vaccine series if member is 50 years of age or older
 - There is no history of any of the following:
 - Myocardial Infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or class III/IV heart failure within the past six (6) months
 - History of Mobitz type II (2nd or 3rd degree atrioventricular block), or sick sinus syndrome, unless member has a pacemaker
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopra 40mg, or Copaxone 20mg
- Mavenclad:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis)
 - Member does not have a diagnosis of clinically isolated syndrome
 - Baseline (within 3 months) MRI scan is obtained prior to starting treatment course due to risk of progressive multifocal leukoencephalopathy (PML)
 - Females of reproductive potential are not pregnant prior to start of therapy, and will be using effective contraception during treatment
 - Member is not infected with Human Immunodeficiency Virus and has no active chronic infections (for example, hepatitis or tuberculosis), or is breastfeeding (during treatment or for 10 days after last dose)
 - Lifetime maximum of 2 courses (4 cycles) of therapy
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopra 40mg, or Copaxone 20mg
- Zeposia:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or



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- Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
- Member does not have any of the following:
 - History (within the last 6 months) of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or NYHA Class III/IV heart failure
 - History or presence of Mobitz Type II second- or third-degree AV block, sick sinus syndrome, or sino-atrial block (unless member has a functioning pacemaker)
 - Severe untreated sleep apnea
- All the following labs have been completed within the last six (6) months
 - Complete Blood Count
 - Liver Function Tests and bilirubin levels
 - Electrocardiogram
 - Ophthalmic examination
- Member has history of either varicella vaccine series, or zoster vaccine series if member is 50 years of age or older
- Baseline (within 3 months) MRI scan is obtained prior to starting treatment course due to risk of progressive multifocal leukoencephalopathy (PML)
- Females of reproductive potential are not pregnant prior to start of therapy, and will be using effective contraception during treatment
- There was inadequate response, intolerable side effects, or contraindication to two (2) formulary agents, one of which must be an interferon glatopa 40mg, or Copaxone 20mg
- Tecfidera, Vumerity:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - All the following labs have been completed within the last 6 months:
 - Complete blood count
 - Liver function tests and bilirubin levels
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg

INFUSIONS

- Ocrevus:
 - Member has been screened for Hepatitis B and does not have an active Hepatitis B infection
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode, and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis) and
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg, or
 - Diagnosis of Primary-Progressive Multiple Sclerosis
- Lemtrada:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis)



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- Will not exceed five (5) days of treatment the first year, and three (3) days of treatment the 2nd year. (subsequent treatment courses of 12mg per day on 3 consecutive days (36mg total dose) may be administered, as needed, at least 12 months after the last dose of any prior treatment course)
- Member is not infected with Human Immunodeficiency Virus (HIV)
- All the following have been completed prior to initiating treatment:
 - Complete blood count
 - Serum creatinine levels
 - Complete any necessary immunizations at least 6 weeks prior to treatment
 - Member has history of either varicella vaccine series, or zoster vaccine series if member is 50 years of age or older
 - Member has been screened for tuberculosis. If screening was positive for latent tuberculosis, member has received treatment for latent tuberculosis
 - Thyroid function test such as a thyroid stimulating hormone level (TSH)
- There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopra 40mg, or Copaxone 20mg
- Tysabri:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Anti-JCV (John Cunningham virus) antibody test (ELISA [enzyme-linked immunosorbent assay]) has been completed (those with positive anti-JCV [John Cunningham Virus] antibody have a higher risk for developing progressive multifocal leukoencephalopathy [PML]).
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopra 40mg, or Copaxone 20mg
- Mitoxantrone:
 - Member has one of the following diagnoses:
 - Secondary (chronic) progressive multiple sclerosis
 - Progressive relapsing multiple sclerosis
 - Worsening relapsing-remitting multiple sclerosis to reduce neurologic disability and/or frequency of clinical relapse
 - Mitoxantrone is not indicated for treatment of primary progressive multiple sclerosis
 - Cumulative lifetime dose is less than 140 mg/m²
 - All the following labs were completed within the last six (6) months:
 - LVEF (left ventricular ejection fraction) greater than 50% (not below lower limit of normal)
 - Absolute neutrophil count (ANC) greater than 1500 cells/mm³
 - CBC (complete blood count) including platelets
 - LFTs (liver functions tests)
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopra 40mg, or Copaxone 20mg

Initial Approval Duration:

- All injections: 12 months
- All orals: six (6) months
- Tysabri and mitoxantrone: three (3) months



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- Ocrevus: six (6) months
- Lemtrada: 12 months
- Mavenclad is limited to a total of 2 courses per lifetime

Renewal Criteria:

- Requires documentation and lab results to support response to treatment, and that there is no serious toxicity as a result of treatment
- All the required test listed in the criteria for initial therapy are completed and are continuously monitored as clinically appropriate.
 - For example, left ventricular ejection fraction (LVEF), complete blood count (CBC), absolute neutrophil count (ANC), electrocardiogram (ECG) immunoglobulins level, contraception use for females of reproductive potential

Renewal Approval Duration:

- All orals: 12 months
- Lemtrada: 12 months
- Mitoxantrone: three (3) months
- Tysabri and Ocrevus: six (6) months
- Mavenclad is limited to a total of 2 courses per lifetime

Additional information:

- Examples of treatment failure (over 1 year period of using disease-modifying therapies):
 - 1 or more relapses
 - Magnetic resonance imaging (MRI) lesion progression
 - For example, increase in T1, T2, or gadolinium lesions)
 - Worsening disability or Expanded Disability Status Scale (EDSS) score

*Dosing Table serves as a guidance and not always updated. Please confirm details in Clinical Pharmacology or the PI

Multiple Sclerosis Agent	Max Dose	Strength	Frequency and Quantity
Aubagio	14mg/day	7mg; 14mg	Daily: Up to 30 tablets in 30 days
Gilenya	Children > 40kg & adults: 0.5 mg/day Children < 40kg: 0.25mg	0.25mg, 0.5mg	Daily: Up to 30 capsules in 30 days
Tecfidera	480mg/day	120mg 240mg	Up to 14 DR capsules or 1 starter pack in 30 days (for taper) Up to 60 DR capsules in 30 days
Vumerity	462 mg twice daily	231mg	Initial: 231 mg twice daily Maintenance: 462 mg twice daily
Avonex	30mcg/week	30mcg/0.5ml	Up to 4 syringes per month
Betaseron	250mcg/EOD	0.3mg	Up to 15 syringes per month
Kesimpta	20mg/month	20 mg/0.4 mL	Initial: 20 mg once weekly for 3 weeks Maintenance: 20 mg, 0.4ml pen per month
Copaxone/ Glatopa	20mg/day 40mg TIW	20mg/ml, 40mg/ml	Daily SQ: 20 mg, up to 30ml per month TIW SQ: 40 mg- up to 12 ml per month



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Extavia	250mcg every other day	0.3mg	Up to 15 syringes per month
Plegridy	125mcg every 14 days	125mcg/0.5ml	Up to 2 syringes per month
Rebif	44mcg every 48 hours	22mcg/0.5ml,44mcg/0.5ml	Three times a week SQ:22mcg-44 mcg.
Lemtrada	12mg/day for 5 days	12mg/1.2ml	Year 1: 5 days of 12mg (60mg total: 5 vials) Year 2 and beyond: 3 days of 12mg (36mg total: 3 vials)
Tysabri	300mg every 4 weeks	300mg/15ml	Up to 1 vial per month
Mitoxantrone	Lifetime cumulative dose limit (140mg/m ²)	2 mg/ml	Every 3 months IV:12 mg/m ²
Mavenclad	Lifetime cumulative dosage 3.5 mg/kg	10mg	<u>Course 1/cycle 1</u> : start any time <u>Course 1/cycle 2</u> : 23 – 27 days after last dose of course 1/cycle 1 <u>Course 2/cycle 1</u> :at least 34 weeks after last dose of course 1/cycle 2 <u>Course 2/cycle 2</u> : 23 – 27 days after last dose of course 2/cycle 1
Ocrevus	600mg every 6 months	300mg/10ml	300mg IV infusion followed by another 300mg 2 weeks later. Subsequent doses 600mg every 6 months.
Mayzent	2mg/day	0.25mg; 2mg	Daily: Up to 30 tablets in 30 days
Bafiertam	190 mg twice a day	95mg	Up to 120 capsules per month
Zeposia	0.92 mg/day	0.23mg or 0.46mg or 0.92mg	Daily: Up to 30 capsules in 30 days

Forms of Multiple Sclerosis:

Form	Description
Relapsing-Remitting Multiple Sclerosis	Most common disease course is characterized by clearly defined attacks of worsening neurologic function. These attacks also called relapses, flare-ups or exacerbations are followed by partial or complete recovery periods (remissions), during which symptoms improve partially or completely and there is no apparent progression of disease. Approximately 85 percent of people with multiple sclerosis are initially diagnosed with relapsing-remitting multiple sclerosis
Secondary Progressive Multiple Sclerosis	The name for this course comes from the fact that it follows after the relapsing-remitting course. Most people who are initially diagnosed with Relapsing-Remitting Multiple Sclerosis will eventually transition to Secondary Progressive Multiple Sclerosis, which means that the disease will begin to progress more steadily (although not necessarily more quickly), with or without relapses.
Primary-Progressive Multiple Sclerosis	Primary-Progressive Multiple Sclerosis is characterized by steadily worsening neurologic function from the beginning. Although the rate of progression may vary over time with occasional plateaus and temporary, minor improvements, there are no distinct relapses or remissions. About 10 percent of people with multiple sclerosis are diagnosed with Primary-Progressive Multiple Sclerosis.



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References:

1. National Multiple Sclerosis Society. Treating MS. <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=16103>. Accessed Sept 28, 2015
2. Owens, GM, Olvey, EL, Skrepnek G, Pill, M. Perspective for Managed Care Organizations on the Burden of Multiple Sclerosis and the Cost-Benefit of Disease Modify Therapies. <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=16103>. Accessed Oct 2, 2015.
3. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology [published correction appears in Neurology. 2019 Jan 8;92(2):112]. Neurology. 2018;90(17):777-788. doi:10.1212/WNL.0000000000005347. Accessed August 17, 2020.
4. Goodin DS, Frohman EM, Garman GP et al. Disease modifying therapies in multiple sclerosis: report of the therapeutics and technology assessment subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. *Neurology*. 2002; 58:169-78.
5. National Institute for Health and Clinical Excellence (NICE). Natalizumab for the treatment of adults with highly active relapsing-remitting multiple sclerosis. URL: www.nice.org.uk. Available from the Internet. Issued 2007 August. Accessed Oct 4 2015.
6. Luzzio, Christopher, MD; Chief Editor: B. Mark Keegan, MD. Multiple Sclerosis Treatment & Management. <http://emedicine.medscape.com/article/1146199-treatment#d10>. Accessed August 29, 2015.
7. Clinical Policy Bulletin: Multiple Sclerosis – Specialty Pharmacy Clinical Policy Bulletins Aetna Non-Medicare Prescription. http://www.aetna.com/products/rxnonmedicare/data/2015/CNS/multiple_sclerosis.html. Accessed September 19, 2019.
8. National Multiple Sclerosis Society. Treating MS. <http://www.nationalmssociety.org/Treating-MS/Medications>
<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=16103>. Accessed Aug 16, 2017
9. The use of Disease Modifying Therapies in Multiple Sclerosis. http://www.nationalmssociety.org/getmedia/5ca284d3-fc7c-4ba5-b005-ab537d495c3c/DMT_Consensus_MS_Coalition_color. Accessed August 28, 2017.
10. Tysabri® [package insert]. Biogen Inc., Cambridge, MA. Revised June 2020.
http://www.tysabri.com/content/dam/commercial/tysabri/pat/en_us/pdf/tysabri_prescribing_information.pdf. Accessed August 17, 2020.
11. Lemtrada® [package insert]. Genzyme Corporation, Cambridge, MA. Revised May 2020. <http://products.sanofi.us/Lemtrada/Lemtrada.html>. Accessed August 17 2020.
12. Rebif® [package insert]. EMD Serono, Inc., Rockland, MA. Revised June 2020. <https://www.emdserono.com/us-en/pi/rebif-pi.pdf>. Accessed August 17 2020.
13. Avonex® [package insert]. Biogen Inc., Cambridge, MA. Revised March 2020.
https://www.avonex.com/content/dam/commercial/avonex/pat/en_us/pdf/Avonex_US_Prescribing_Information.pdf. Accessed August 24 2020.
14. Betaseron® [package insert]. Bayer Healthcare Pharmaceuticals Inc., Whippany, NJ. Revised August 2019.
https://labeling.bayerhealthcare.com/html/products/pi/Betaseron_PI.pdf. Accessed September 17, 2019.
15. Plegridy® [package insert]. Biogen Inc., Cambridge, MA. Revised March 2020.
https://www.plegridy.com/content/dam/commercial/plegridy/pat/en_us/pdf/plegridy-prescribing-information.pdf. Accessed August 17, 2020.
16. Extavia® [package insert]. Novartis Pharmaceuticals Corporation, East Hanover, NJ. Revised August 2019.
<https://www.pharma.us.novartis.com/sites/www.pharma.us.novartis.com/files/extavia.pdf>. Accessed September 17, 2019.
17. Aubagio® [package insert]. Genzyme Corporation, Cambridge, MA. Revised July 2019. <http://products.sanofi.us/Aubagio/Aubagio.html>. Accessed September 17, 2019.
18. Gilenya® [package insert]. Novartis Pharmaceuticals Corporation, East Hanover, NJ. Revised December 2019.
<https://www.novartis.us/sites/www.novartis.us/files/gilenya.pdf>. Accessed August 24, 2020.
19. Tecfidera® [package insert]. Biogen Inc., Cambridge, MA. Revised February 2020..
https://www.tecfidera.com/content/dam/commercial/tecfidera/pat/en_us/pdf/full-prescribing-info.pdf. Accessed August 24, 2020.
20. Copaxone® [package insert]. Teva Pharmaceuticals USA, Inc., North Wales, PA. Revised July 2020.
<https://www.copaxone.com/globalassets/copaxone/prescribing-information.pdf>. Accessed August 24, 2020.
21. Glatopa® [package insert]. Sandoz Inc., Princeton, NJ. Revised January 2020.
<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5f01e40a-b6f6-40fb-b37c-3d06f1428e86>. Accessed August 24, 2020.
22. Ocrevus® [package insert]. Genentech, Inc., South San Francisco, CA. Revised May 2020.
https://www.gene.com/download/pdf/ocrevus_prescribing.pdf. Accessed August 24, 2020.



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23. Mitoxantrone [package insert]. Hospira Inc., Lake Forest, IL. Revised May 2018. <http://labeling.pfizer.com/ShowLabeling.aspx?id=4536>. Accessed September 17, 2019.
24. Mayzent® [package insert]. Novartis, East Hanover, NJ. Revised March 2019. <https://www.pharma.us.novartis.com/sites/www.pharma.us.novartis.com/files/mayzent.pdf>. Accessed September 19, 2019.
25. Rae-Grant A, Day GA, Marrie RA, et al. American Academy of Neurology. Practice guideline: Disease-modifying therapies for adults with multiple sclerosis. <https://n.neurology.org/content/90/17/777>. Accessed September 19, 2019.
26. Rae-Grant A, Day GA, Marrie RA, et al. American Academy of Neurology. AAN Summary of Practice Guideline for Clinicians. Practice guideline: Disease-modifying therapies for adults with multiple sclerosis. <https://www.aan.com/Guidelines/Home/GetGuidelineContent/900>. Accessed September 19, 2019.
27. Melendez-Torres JG, Armoiry X, Court R, et al. Comparative effectiveness of beta-interferons and glatiramer acetate for relapsing-remitting multiple sclerosis: systematic review and network meta-analysis of trials including recommended dosages. BMC Neurol. 2018; 18: 162. 2018 Oct 3. doi: 10.1186/s12883-018-1162-9.